

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90026 047 ***150.00

DOCUMENT # V59807

1. Entity Name

GENE'S SIGN COMPANY, INC.

Principal Place of Business

2401 HANCOCK BRIDGE PARKWAY
CAPE CORAL FL 33990

Mailing Address

2401 HANCOCK BRIDGE PARKWAY
CAPE CORAL FL 33990-1420

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0352680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOCHER, SANDRA
1165 PALM AVE 6-B
N FT MEYERS FL 33903

7. Name and Address of New Registered Agent

Name *Gary E Wildner*

Street Address (P.O. Box Number is Not Acceptable)

1306 SW 18th Terr

City

Cape Coral

FL

Zip Code

33990

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Gary E Wildner

Gary E Wildner

02/23/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **TOCHER, SANDRA J**
STREET ADDRESS **1165 PALM AVE 6B**
CITY-ST-ZIP **N FT MEYERS FL**

☒ Delete

TITLE **VP**
NAME **JANDVIG, DAVID D**
STREET ADDRESS **1703 VISCAYA PKWY**
CITY-ST-ZIP **CAPE CORAL FL 33990**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **POS**
NAME **Wildner Gary E**
STREET ADDRESS **1306 SW 18th Terr.**
CITY-ST-ZIP **Cape Coral FL 33990**

☐ Change ☒ Addition

TITLE
NAME **Wildner, Donald E**
STREET ADDRESS **1306 SW 18th Terr.**
CITY-ST-ZIP **Cape Coral FL 33990**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary E Wildner

02/23/2000 997-5155 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #